2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 408155

Entity Name: W.J. NEWMAN JR. CONTRACTING, INC.

Current Principal Place of Business:

2475 OLD HICKORY TREE RD
SAINT CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700685
ST. CLOUD, FL 347700625

New Mailing Address:

FEI Number: 59-1425204 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, THRECA
2475 OLD HICKORY TREE RD
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	NEWMAN, W.J., JR	
Address:	2475 OLD HICKORY TREE RD	
City-St-Zip:	SAINT CLOUD, FL 34772	
Title:	SEC	( ) Delete
Name:	NEWMAN, THRECA L	
Address:	2475 OLD HICKORY TREE RD	
City-St-Zip:	SAINT CLOUD, FL 34772	
Title:	D	( ) Delete
Name:	NEWMAN, W J III	
Address:	2525 OLD HICKORY TREE RD	
City-St-Zip:	SAINT CLOUD, FL 34772	
Title:	D	( ) Delete
Name:	ABSHIRE, SUSAN	
Address:	4231 ALBRITTON RD	
City-St-Zip:	SAINT CLOUD, FL 34772	
Title:	T	( ) Delete
Name:	RIFFE, NANCY	
Address:	3090 HICKORY TREE RD	
City-St-Zip:	SAINT CLOUD, FL 34772	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY NEWMAN RIFFE T 04/24/2009

Electronic Signature of Signing Officer or Director — Date